PT0/SB/17 (10-07)
Approved for use through 06/30/2010, OMB 0651-0332
U.S. Patent and Trackmark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information under 3-4-6-alex - and 6-04-6-alex.

Under the P	aperwork Reduction Act of	1995, no person are	required to	respond to a collec				3 control number
	Complete if Known Application Number 10/537,630							
Fees pursuant to			June 3, 2005					
FEE TRANSMITTAL				First Named I	wenter			
For FY 2008						Rebecca L. A		
Applicant claims small entity status, See 37 CFR 1.27				Art Unit 1626				
TOTAL AMOUNT OF PAYMENT		(\$) 1050.00				5150 (303981.81623)]		
METHODO	F PAYMENT (check	-11 45 -4 5 -)						
Check	Credit Card	Money Order	No	ne Other	(please ident	ify):		
x Deposit A	ccount Deposit Account	Number04	-1105	Depos	il Account Nan	ne. Edwards Ange	ell Palmer 8	Dodge LLP
For the	above-identified depr	osit account, the l	Director is	hereby authoria	zed to: (che	eck all that apply)		
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments								
FEE CALCU	LATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FI	LING FEES	SE	ARCH FEES Small Entity		NATION FEES Small Entity		
Application T	ype Fee (\$	Small Entity Fee (\$)	Fee (\$		Fee (\$)		Fees	Pald (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CL	AIM FEES							Small Entity
Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         2:								Fee (\$) 25
Each independent claim over 3 (including Reissues)							210	105
Multiple depen	dent claims						370	185
Total Claims	ald (\$)	M	luitiple Depende					
-20 = 0 x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.							<u>)</u>	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
-3 = 0 x =  HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION								
If the specific listings un	ation and drawings ex der 37 CFR 1.52(e)), action thereof. See 3	the application si	ze fee du	is \$260 (\$130	for small e			)
Total Shee	ts Extra Sheet	s Number	of each a	iditional 50 or fra	ction there		Fee	Paid (\$)
	100 =	/50 =		(round up to a wh	ole number)	×	Food	Paid (\$)
4. OTHER FEE		) for (no amall ar	titu diece	unt)			rees	Paid (5)
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): 1253 Three Month Petition For Extension of Time \$1050.00								
(10)	interining outermings)							
SUBMITTED BY Signature	/Nicholas J. DiCe	glie, Jr./		Registration No. (Attorney/Agent)	51,615	Telephone	(212) 308-2907	
Name (Print/Type)	Nicholas J. DiCeo					Date	July 7, 2008	
/**/								

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).						
Dated:July 7, 2008	Electronic Signature for Nicholas J. DiCeglie, Jr.: //Nicholas J. DiCeglie, Jr./					